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17707 U.S. PTO

## UTILITY PATENT APPLICATION

| Attorr  | ney Docket No. | 1339             |
|---------|----------------|------------------|
| First I | nventor        | FUJIWARA, et al. |
| Title   | Circular Pa    | arachute         |
| _       |                |                  |

| IRANSWILLAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         | Titl    | Title Circular Parachute                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                               |                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|--|
| (Only for new nonprovision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nal applications under 37 CFR 1.53(b)                                                                                                                                                                                                                                                                                   | ) Exp   | Express Mail Label No. EU 964702791 US                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                               |                                                                |  |
| APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                         |         | ADDRESS TO: Assistant Commissioner for Pat Into Box Patent Application Washington, DC 20231 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                               |                                                                |  |
| 1. X Fee Transmittal For Submits an original and a see 37 CFR 1.27.  3. X Specification (preferred arrangement) - Descriptive title - Cross Reference - Statement Regalate or a computer or a computer of Background of Brief Summary - Brief Description - Detailed Description - Claim(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orm (e.g., PTO/SB/17) duplicate for fee processing) Entity Forms claim small entity status.  [Total Pages 18] I set forth below) of the invention e to Related Applications arding Fed sponsored R & D quence listing, a table, rogram listing appendix the invention of the invention of the Drawings (if filed) ption |         | (if<br>a.<br>b.                                                                             | CD-ROM or CD-R Computer Prograi cleotide and/or Amino applicable, all necess Computer Read Specification Sequen i. CD-ROM ii. paper Statements veri ACCOMPANYING Assignment Paper 37 CFR 3.73(b)                                                                                                                                                                                                                                                                                | In duplicate (Appendicate Appendicate)  able Form (Core Listing Office Core (Core appendicate)  fying identity  APPLICATE (Cover see Statement | e, large<br>x)<br>ence S<br>(CRF)<br>n:<br>2 copie<br>y of ab | e table or submission s); or sove copies ON PARTS document(s)) |  |
| - Abstract of the Disclosure  4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |         |                                                                                             | 10. (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: 2 small entity forms |                                                                                                                                                |                                                               |                                                                |  |
| Continuation Divisional Continuation-in-part (CIP) of prior application No.:/  Prior application information: Examiner: Group Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |         |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                               |                                                                |  |
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| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mr. Loyal M. Hans                                                                                                                                                                                                                                                                                                       |         |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                               |                                                                |  |
| Hanson Law Corporation  P.O. Box 430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |         |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                               |                                                                |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fallbrook                                                                                                                                                                                                                                                                                                               | Sta     |                                                                                             | CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                                                                                                    | Code                                                          | 92088                                                          |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | US                                                                                                                                                                                                                                                                                                                      | Telepho | ne<br>—                                                                                     | (760) 723-06                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20 <i>F</i> a                                                                                                                                  | ax                                                            |                                                                |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Loyal M. Hanson                                                                                                                                                                                                                                                                                                         |         | Reg                                                                                         | istration No. (Attorn                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ey/Agent)                                                                                                                                      | 3                                                             | 30,062                                                         |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M ham                                                                                                                                                                                                                                                                                                                   |         |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date                                                                                                                                           | 01/3                                                          | 30/2004                                                        |  |

| Customized F | 2TO/SB/17 ( | (10-03) |
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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

The enclosed Small Entity forms claim small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

(\$) 428.00

| Complete if Known    |                  |  |  |  |  |
|----------------------|------------------|--|--|--|--|
| Application Number   |                  |  |  |  |  |
| Filing Date          |                  |  |  |  |  |
| First Named Inventor | FUJIWARA, et al. |  |  |  |  |
| Examiner Name        |                  |  |  |  |  |
| Art Unit             |                  |  |  |  |  |
| Attorney Docket No.  | 1339             |  |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                                                           | FEE CALCULATION (continued) |             |             |             |                                                                                |                                                  |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|-------------|-------------|--------------------------------------------------------------------------------|--------------------------------------------------|
| Check Credit card Money Other None                                                                                 | 3. ADDITIONAL FEES          |             |             |             |                                                                                |                                                  |
| Check # 9707                                                                                                       | Large Entity   Small Entity |             |             |             |                                                                                |                                                  |
| -                                                                                                                  | Fee<br>Code                 | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$) | Fee Description                                                                | Coo Dold                                         |
| Deposit Account: The Commissioner is hereby authorized                                                             | 1051                        | 130         | 2051        | 65          | Surcharge - late filing fee or oath                                            | Fee Paid                                         |
| to charge any deficiency in the accompanying payment that may be necessary to cover the fee(s) indicated below and | 1052                        | 50          | 2052        | 25          | Surcharge - late provisional filing fee or                                     |                                                  |
| any other fees required to accompany this filing, and to                                                           | 1053                        | 130         | 1053        | 400         | cover sheet Non-English specification                                          |                                                  |
| credit any overpayment, to the following deposit account:                                                          |                             | 2.520       | 1812        |             | For filing a request for ex parte reexamination                                | -                                                |
| Deposit Account No. 08-0628                                                                                        | 1804                        | 920*        | 1804        | · · ·       | Requesting publication of SIR prior to                                         |                                                  |
| of Loyal M. Hanson                                                                                                 | 1005                        | 4 0 4 0 1   | 4005        | 4 040*      | Examiner action                                                                | <u> </u>                                         |
| or Edyar III. Flationi                                                                                             | 1805                        | 1,840*      | 1805        | 1,840-      | Requesting publication of SIR after<br>Examiner action                         |                                                  |
| FEE CALCULATION                                                                                                    | 1251                        | 110         | 2251        | 55          | Extension for reply within first month                                         |                                                  |
| 1. BASIC FILING FEE                                                                                                | 1252                        | 420         | 2252        | 210         | Extension for reply within second month                                        |                                                  |
| Large Entity Small Entity  Fee Fee Fee Fee Fee Description Fee Paid                                                | 1253                        | 950         | 2253        |             | Extension for reply within third month                                         |                                                  |
| Code (\$) Code (\$)                                                                                                | 1254                        | 1,480       | 2254        |             | Extension for reply within fourth month                                        | <u> </u>                                         |
| 1001 770 2001 385 Utility filing fee 385                                                                           | 1255                        | 2,010       | 2255        | 1,005       | Extension for reply within fifth month                                         | <b></b>                                          |
| 1002 340 2002 170 Design filing fee                                                                                | 1401                        | 330         | 2401        | 165         | Notice of Appeal                                                               | <b>——</b>                                        |
| 1003 530 2003 265 Plant filing fee                                                                                 | 1402                        | 330         | 2402        | 165         | Filing a brief in support of an appeal                                         | <u> </u>                                         |
| 1004 770 2004 385 Reissue filing fee                                                                               | 1403                        | 290         | 2403        | 145         | Request for oral hearing                                                       |                                                  |
| 1005 160 2005 80 Provisional filing fee                                                                            |                             | 1,510       | 1451        |             | Petition to institute a public use proceeding                                  | $\vdash$                                         |
| SUBTOTAL (1) (\$) 385                                                                                              | 1452                        | 110         | 2452        | 55          | Petition to revive - unavoidable                                               |                                                  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                                        |                             | 1,330       | 2453        | 665         | Petition to revive - unintentional                                             |                                                  |
| Fee from                                                                                                           |                             | 1,330       | 2501        |             | Utility issue fee (or reissue)                                                 |                                                  |
| Total Claims                                                                                                       | 1502                        | 480         | 2502        |             | Design issue fee                                                               |                                                  |
| Independent - 3** = 0 × 43 = 43                                                                                    | 1503                        | 640         | 2503        |             | Plant issue fee                                                                | <del>                                     </del> |
| Multiple Dependent                                                                                                 | 1460                        | 130         | 1460        |             | Petitions to the Commissioner                                                  |                                                  |
| Large Entity   Small Entity                                                                                        | 1807                        | 50          | 180         |             | Processing fee under 37 CFR 1.17(q)                                            |                                                  |
| Fee Fee Fee Fee Description                                                                                        | 1806                        | 180         | 1806        |             | Submission of Information Disclosure Stmt Recording each patent assignment per |                                                  |
| Code (\$)   Code (\$)   1202   18   2202   9   Claims in excess of 20                                              | 8021                        | 40          | 802         | 1 40        | property (times number of properties)                                          |                                                  |
| 1201 86 2201 43 Independent claims in excess of 3                                                                  | 1809                        | 770         | 2809        | 9 385       | Filing a submission after final rejection<br>(37 CFR 1.129(a))                 |                                                  |
| 1203 290 2203 145 Multiple dependent claim, if not paid                                                            | 1810                        | 770         | 2810        | 385         | For each additional invention to be                                            |                                                  |
| 1204 86 2204 43 ** Reissue independent claims                                                                      | ,                           |             |             |             | examined (37 CFR 1.129(b))                                                     | <del>  </del>                                    |
| over original patent  1205 18 2205 9 ** Reissue claims in excess of 20                                             | 1801                        |             | 2801        | 385         | , , , , , , , , , , , , , , , , , , ,                                          |                                                  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                                          | 1802                        | 900         | 1802        | 900         | Request for expedited examination of a design application                      |                                                  |
| SUBTOTAL (2) (\$) 43 Other fee (specify)                                                                           |                             |             |             |             |                                                                                |                                                  |
| **or number previously paid, if greater, For Reissues, see above                                                   | 'Red                        | uced by     | Basic       | Filing F    | ee Paid SUBTOTAL (3) (\$)                                                      | 00                                               |

| SUBMITTED BY      |                 |                                   |        | (Complete (if applicable)) |                 |  |
|-------------------|-----------------|-----------------------------------|--------|----------------------------|-----------------|--|
| Name (Print/Type) | Loyal M. Hanson | Registration No. (Attorney/Agent) | 30,062 | Telephone                  | (760) 7232-0620 |  |
| Signature         | 1 mha           |                                   |        | Date                       | 01-30-2004      |  |

Customized PTO/SB/35 (10-01)

## NONPUBLICATION REQUEST UNDER 35 U.S.C. 122(b)(2)(B)(i)

| First Named Inventor |              | FUJIWARA, et al. |  |
|----------------------|--------------|------------------|--|
| Title                | Circular     | Parachute        |  |
| Atty Do              | ocket Number | 1339             |  |

I hereby certify that the invention disclosed in the accompanying patent application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the accompanying patent application not be published under 35 U.S.C. 122(b).

Sign X 22 Nobuyuki Fujiwara

Brian D. Johnson

Date X 3- JAN- 200\$

Date X 26 DEC 03

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application upon filing.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant must notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).